

## Serious Mental Illness Annual Health Check

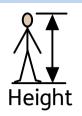


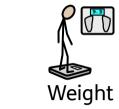


















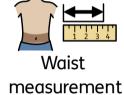


**Blood test** Medication



Oral health















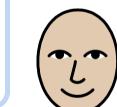


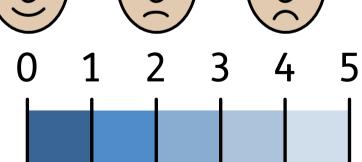


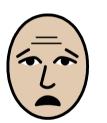


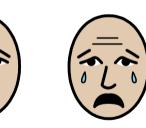






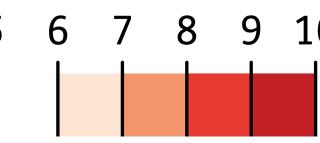
















## Reasonable Adjustments

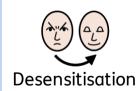


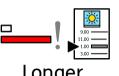






Needle phobia





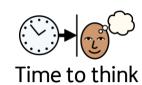
Longer appointment



**First** appointment



Speak slowly



Quiet waiting area























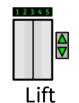






















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